



ON THE JOB TRAINING PROGRAM (OJT)
MONTHLY TRAINEE REPORT
MATERIAL LABORTORY TECHNICIAN (Soils, Hot Mix Asphalt, Concrete)
DUE ON THE 15TH OF EVERY MONTH

FORM NUMBER: _____

TRAINEE NAME: _____

ENROLLMENT DATE: _____

CONTRACTOR: _____

REPORTING MONTH: _____

REPORTING YEAR: _____

BECO ASSIGNED NUMBER: _____

PLEASE COMPLETE THE TRAINING PHASES COVERED THIS MONTH									
MATERIAL LABORTORY TECHNICIAN (Soils, Hot Mix Asphalt, Concrete)		WEEK ENDING HOURS					ADOT/OWNER CONTRACT NUMBER	CONTRACT OWNER	TOTAL HOURS
		Week 1	Week 2	Week 3	Week 4	Week 5			
A	FAMILIARIZATION OF JOB SITE								
B	GENERAL CONSTRUCTION								
C	READING & UNDERSTANDING SPECIFICATIONS								
D	OBSERVE SENIOR CERTIFIED MATERIALS TECH								
E	PROPER USE OF LABORATORY EQUIPMENT								
F	KEY ELEMENTS OF SAMPLING & TESTING PROCEDURES								
G	PERFORM RANDOM SAMPLING IN THE FIELD								
H	TEST & DOCUMENT SAMPLES								
I	CLEAN-UP								
J	SUPPLEMENTAL TRAINING								
TOTAL TIME TRAINING THIS MONTH									
TOTAL TRAINING HOURS PRIOR TO THIS MONTH									
TOTAL TRAINING HOURS (CUMULATIVE)									

MATERIALS LABORATORY TECHNICIAN COMPLETION LEVELS AND PAY RATES	TRAINEE AND TRAINER SIGNATURES
<div><input type="checkbox"/> LEVEL 1 -500 HOURS @ 60%<div>DATE COMPLETE _____</div></div> <div><input type="checkbox"/> LEVEL 2 - 500 HOURS @ 80%<div>DATE COMPLETE _____</div></div> <div><input type="checkbox"/> 1,000 OJT HOURS ACHIEVED CERITICATE OF COMPLETION AWARDED</div>	<div>_____<div>TRAINEE SIGNATUREDATE</div></div> <div>_____<div>CONTRACTOR REPRESENTATIVE SIGNATUREDATE</div></div>

Reason for termination: _____

Date of termination: _____

Comment: _____

This form must be submitted electronically to the BECO and FIELD Office by the 15th of every month to - AZDOT.GOV/OJT

ADOT BECO OFFICE APPROVAL: _____

DATE: _____

TITLE: _____